



# QR Tips

May 2015

## Documentation of Interpretive Services

**Interpretive services** must be available, provided and **documented** in our treatment plans now known as the client care plans (CP), and also in our progress notes.

Feedback from our **last DHCS audit** reminds us that we need to indicate in our progress notes each time we explain or provide service to the client or caregiver in their primary language.

**Note: Family members should never be expected to act as interpreters for the client.**

When we ask the clients and/or caregivers who are not English speaking to sign the plan, CYBH clinicians must demonstrate that they provided interpretation and that the client and legal guardian **understood what they were signing**. It must also be **documented** this on the plan to **whom** interpretive services were provided to (i.e., client and/or caregiver) and **who provided the interpretive services** (i.e., clinician, support staff, language line) Please note that there is a location to document this information. (See examples below for the paper versions and County EHR version and where interpretation information is documented.)

If the **care plan** is translated into the **client/caregiver's** primary language, please indicate so with the checkbox and fields above the "Legal Guardian" signature line. **Also, please include in the progress note (referenced on your CP) whether or not the care plan was explained to the caregiver in their primary language if they signed/co-signed the CP.** On the form for your progress notes, this is easily accomplished by typing or using the drop down box for "Language Used" and checking the box for "Interpreter Utilized."

### Paper Care Plan

practice 3 relaxation techniques to cope with anger and flashbacks¶ ¶ ¶ 1b By 6 months, client will write her trauma narrative¶ ¶ ¶ 1c By Annual Review, client will share narrative with significant caregiver in client's life.¶ ¶ ¶ 1d By Annual Review, client will express disagreements and conflicts by talking rather than screaming, threatening or physical aggression¶	Collateral therapy to prepare support caregivers to respond as oppose to react to client's reactivity and remind client to use relaxation techniques at home (1a-d)¶	1x/wk¶	60 min¶	¶
	Medication Management to address client's reactivity and intense anger outbursts (1a-d)¶	1-2x/mo¶	30 min¶	¶
	Case Management/ICC to coordinate care with all providers and insure that client is receiving needed mental health treatment (1a-d)¶	1-2x/wk¶	60 min¶	¶
	Rehab/IHBS services to address client's reactions in the home and assist client and caregivers how to utilize the relaxation technique when the outbursts are happening (1a-d)¶	3-4x/wk¶	60 min¶	¶
	¶	¶	¶	¶
6 Month Update: Obj. # ..... Met; Obj. # ..... Not met; Obj. # ..... In Progress¶				
<input checked="" type="checkbox"/> Copy of plan offered to the consumer/legal guardian ..... Prefer a language other than English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. This form was translated into: Enter Language¶ <input type="checkbox"/> Copy of plan given to consumer/legal guardian ..... (consumer/legal guardian's initials)¶ by Enter name of translator¶				
*Client Signature.....Date¶		*Legal Guardian.....Date¶		
-Provider Signature/Title.....Date¶		-Licensed Supervisor Signature/Title (if applicable).....Date¶		
**Coordinator's Signature/Title (if not primary therapist).....Date¶		-Licensed Supervisor Signature/Title (if applicable).....Date¶		
-New Provider Signature/Title (if applicable).....Date¶		-Licensed Supervisor Signature/Title (if applicable).....Date¶		
¶ Signature indicates client has agreed to the above CSP and to participate in the treatment process.¶ ¶ If signature is not obtained, see progress note dated: / / ¶ ¶ If signature is not obtained or if verbal approval is given, see progress note dated: / / ¶				
		-Physician's Signature (Required for Medicare Consumers).....Date¶		

# County EHR Care Plan

**Signatures**

- Goals
- Strengths
- Barriers
- Objectives
- Interventions
- Language / Interpreter
- Services

Language / Interpreter

**If the Client's primary language is not English:**

This Care Plan was explained and translated in

Spanish  
 Vietnamese  
 Farsi  
 Other

Specify Other Language

Was an Interpreter used other than provider?

Yes  
 No

**If Yes, indicate Interpreter Type**

Language Line  
 Staff other than clinician  
 Other:

---

**If the Responsible Party's primary language is not English:**

This Care Plan was explained and translated in

Spanish  
 Vietnamese  
 Farsi  
 Other

Specify Other Language

Was an Interpreter used other than provider?

Yes  
 No

**If Yes, indicate Interpreter Type**

Language Line  
 Staff other than clinician  
 Other:

# County Electronic Progress Note

Performed on: 05/18/2015 11:11

**Billable Services**

Service: Case Management Targeted (300391)

Service Minutes	Doc Minutes	Travel Minutes	Total Minutes
1000000	1000000	1000000	

Face to Face Minutes

**If the Client's primary language is not English:**

Services were provided in

Spanish  
 Vietnamese  
 Farsi  
 Other

Specify Other Language

Was an Interpreter used other than provider?

Yes  
 No

**If Yes, indicate Interpreter Type**

Language Line  
 Staff other than clinician  
 Other:

Reminder: If you have re-opened this form to correct a diagnosis, right click on the Total Minutes field to add a comment regarding the correction.

**Please go to the Charge Details icon above to validate the Diagnoses and add any Billing Modifiers, Service Strategies (SS), or Evidence Based Practice (EBP) Codes in the Charge Details window. If all Diagnoses are correct, add Modifiers as necessary and then click OK. Clicking OK in the Charge Details window is required to appropriately link your diagnosis, modifiers, SSs, or EBPs to the service. If the Diagnoses are not correct, please go back to the Diagnoses and Problems widget to correct and resubmit your service. Diagnosis cannot be corrected within the Charge Details window.**

**Please click Yes or No to verify you opened the Charge Details window.**

Yes  
 No

**Modifiers List**

Billing Modifiers	CSI Service Strategies and Evidence Based Practices				
QJ	Client in Custody	M01	Assert Comm Tx	M51	Psych Educ
22	Increased Proced Svc	M02	Employ Supp	M52	Fam Support
25	Separate E & M Svc	M03	Housing Supp	M53	Educ Support
32	Mandated Svc	M04	Fam Psych Educ	M54	w/ Law Enforce
32	Reduced Svc	M05	Int Dual Dx	M55	w/ Phys Care Svcs
59	Distinct Proced Svc	M06	Illness Mgmt/Rec	M56	w/ Soc Svcs
76	Repeat Svc Same Prov	M07	Med Mgmt	M57	w/ Sub Abuse Svcs
77	Repeat Svc Diff Prov	M08	New Gen Med	M58	w/ Aging Svcs
		M09	Ther Foster Care	M59	w/ Dev Disability Svcs
		M10	Mult SysTher	M60	Ethnic Specific
		M11	Func Fam Ther	M61	Age Specific
		M50	Peer/Fam Svcs	M59	Unspecified SS/EBP

## PDF Progress note

The screenshot shows a complex form with the following sections:

- Encounter Type:** Select One (Home locations, Site Locations, Host Clinic Locations)
- Trauma:** Select one (Substance Abuse, Custody Status, Face to Face)
- Date of Service:** Service Mins, Date of Doc (S), Doc Mins, Trav Time, Non-bill Trav
- GROUP TREATMENT:** # of Clients, # of Therapists, Co-Therapist Name
- BILLABLE CPT:** No Entry, NON-BILLABLE CPT / NON-COMPLIANT CPT, NON-BILLABLE TRAVEL CPT
- OTHER CPT CODE:** No Entry
- Language used:** Spanish
- Interpreter Utilized?**
- CPT MODIFIER I (Service Strategies):** M61 Age-Specific Service Strategy, M60 Ethnic-Specific Service Strategy, None
- CPT MODIFIER II (Evidence Based Practices):** None
- CPT MODIFIER III - Add on codes:** None
- REPEAT SERVICES CORRECTIONS:** 59 Rpt Svc DDD, 76 Rpt Svc Same Provider, 77 Rpt Svc Diff Provider

**For clinics still not converted to the County EHR:** On the **Master Treatment Plan** there are checkboxes under Treatment Recommendations to indicate if the services were provided in the primary language of both the client and parent/guardian. The Master Treatment Plan **will no longer be in use** once clinics go-live with the County EHR.

Referrals (outside of CYS): <input type="checkbox"/> None <input checked="" type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input checked="" type="checkbox"/> Social Services <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> Educational <input type="checkbox"/> Vocational <input checked="" type="checkbox"/> Other Rehab	Referrals (outside of CYS): <input type="checkbox"/> None <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Social Services <input type="checkbox"/> Probation <input type="checkbox"/> Educational <input type="checkbox"/> Vocational <input type="checkbox"/> Other																																								
<b>15. Treatment Recommendations</b> →																																									
Services provided in: Client: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Parent/Guardian: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other																																									
Medi-Cal Month/Year of Intake: <b>May 2013</b>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TYPE OF SERVICE PROVIDED</th> <th style="text-align: left;">FROM</th> <th style="text-align: left;">TO</th> <th style="text-align: left;">PROVIDER/AGENCY</th> <th style="text-align: left;">CONTACT PERSON</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Mental Health Services</td> <td>5/21/13</td> <td>4/30/14</td> <td>Providence Costa Mesa</td> <td>I.M. Therapist</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medication Support Services</td> <td>5/21/13</td> <td>4/30/14</td> <td>Providence Costa Mesa</td> <td>I.M. Doc</td> </tr> <tr> <td><input type="checkbox"/> Case Management</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICC/Case Management</td> <td>5/21/13</td> <td>4/30/14</td> <td>CCPU</td> <td>Casey Coord-Nator</td> </tr> <tr> <td><input checked="" type="checkbox"/> IHBS/Rehab Services</td> <td>5/21/13</td> <td>4/30/14</td> <td>RENEW</td> <td>R. Hab</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	TYPE OF SERVICE PROVIDED	FROM	TO	PROVIDER/AGENCY	CONTACT PERSON	<input checked="" type="checkbox"/> Mental Health Services	5/21/13	4/30/14	Providence Costa Mesa	I.M. Therapist	<input checked="" type="checkbox"/> Medication Support Services	5/21/13	4/30/14	Providence Costa Mesa	I.M. Doc	<input type="checkbox"/> Case Management					<input checked="" type="checkbox"/> ICC/Case Management	5/21/13	4/30/14	CCPU	Casey Coord-Nator	<input checked="" type="checkbox"/> IHBS/Rehab Services	5/21/13	4/30/14	RENEW	R. Hab	<input type="checkbox"/>					<input type="checkbox"/>					
TYPE OF SERVICE PROVIDED	FROM	TO	PROVIDER/AGENCY	CONTACT PERSON																																					
<input checked="" type="checkbox"/> Mental Health Services	5/21/13	4/30/14	Providence Costa Mesa	I.M. Therapist																																					
<input checked="" type="checkbox"/> Medication Support Services	5/21/13	4/30/14	Providence Costa Mesa	I.M. Doc																																					
<input type="checkbox"/> Case Management																																									
<input checked="" type="checkbox"/> ICC/Case Management	5/21/13	4/30/14	CCPU	Casey Coord-Nator																																					
<input checked="" type="checkbox"/> IHBS/Rehab Services	5/21/13	4/30/14	RENEW	R. Hab																																					
<input type="checkbox"/>																																									
<input type="checkbox"/>																																									

**Note:** During the last state audit a documentation deficiency was that correspondence **was not provided** in the client's or legal guardian's preferred language. Copies of such correspondence must always be filed in the client's chart record. A progress note describing the interpretation procedure should be completed.